FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000088176 (9)

NEW CENTURY INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
·			ıE					
HOLLYWOOD		1800 NORTH 48TH AVENUE HOLLYWOOD FL 33021						
				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 11/16/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		7	Applied For
21		26			65-0636002 Not Applicable			lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			E. Codificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional		
22		27			9. Certificate of Status Desired	<u> </u>	Fee F	Required
City & State		City & State			6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has paid			1
24	25		10		Personal Property Tax due June 3			□ No
	9. Name and Address of Current	Registered Agent		<u></u>	10. Name and Address of New Reg	istered A	gent	
	JBIN, BARBARA		8	Name N	OUBIN BARRARA			
1800 NORTH 46TH AVE.					loress (P.O. Box Number is Not Acceptable	9)		
20801 BISCAYNE BLVD., SUITE 505				_i +8c	ON MORTH 46Th A			
l HC	DLLYWOOD FL 33021		6	3				
			-	4 City 1			les 7	Code
			•		01140007	FL	85 3	SOUL SOUL
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	eve-named co	progration submits this statement for the pu	rpose of	changing	its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature typed or printed name of registered agent	and tile diapolicable (NOT)	Begistored A	Arrent signet ire rec	quired when reinstating)	DATE		
12,	OFFICERS AND		T 13.	THE TAX TO	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PSTD	DELETE	1.1 TITLE				Change	
NAME	DUBIN, BARBARA A	_	1.2 NAM	1			_ •	
STREET ADDRESS	1800 NORTH 46TH AVENUE			ET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021			- ST - ZIP				i
TITLE		DELETE	2.1 TITL				Change	Addition
NAME			2.2 NAM					
STREET ADDRESS			1	ET ADDRESS				ì
								Ī
CITY-ST-ZIP TITLE		DELETE	3.1 TITL	r-ST-ZIP			Change	Addition
		L.J DEECK				'	Orkango	7,00,000
NAME			3.2 NAM					Į
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE		(-ST-ZIP			Change	Addition
TITLE			4.1 TITL			·	change	L ROUNGII
NAME			4. 2 NAN					l
STREET ADDRESS			1	ET ADDRESS				ļ
CITY-ST-ZIP		Nr. Pyr		-ST-ZIP		 1	<u> </u>	Adabtas
TITLE		☐ DELETE	5.1 TITLE			ı	Change	Addition
NAME			5.2 NAM	<u> </u>				
STREET ADORESS			5.3 STRE	ET ADDRESS				ļ
CITY+ST-ZIP			5.4 CITY	-S7-ZIP				
TITLE		DELETE	6.1 TITLE	[ļ	☐ Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST- ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an atlachment with an address.